

EXHIBIT 10

COST REIMBURSEMENT REGULATIONS COMAR SECTIONS WHICH RELATE MEDICAID TO MEDICARE

<u>Provider Type</u>	<u>MD LAW</u>	<u>COMAR Reference</u>	<u>Federal Reference</u>
Hospital	*	10.09.06.09 (A) (3)	42 USC 1395 et. seq. 42 CFR 413 42 CFR 412 42 USC 1396 et. seq. HCFA Pub. 15-1
Nursing Facility Services	*	10.09.10.29	42 USC 1395 et. seq. 42 CFR 413 HCFA Pub. 15-1
HMO-Medical Assistance	*	10.09.16.13	42 CFR 417 HCFA Pub. 15-1
Residential Treatment Centers	*	10.09.29.07 (A) (2)	42 CFR 413 HCFA Pub. 15-1
Intermediate Care Facilities Alcoholic (Type D)	*	10.09.23.07 (D) (2)	42 CFR 413 HCFA Pub. 15-1
FQHC's	*	10.09.08.14	42 CFR 413 HCFA Pub. 15-1

COMAR 10.09.23 is Expanded EPSDT Referred Services